Request For Student Loan Repayment Benefit

Under the Student Loan Repayment Program, 5 U.S.C. 5379

Privacy Act Notification Statement: Collection of this information is authorized under 5 U.S.C. 5379. The purpose of collecting the information is to establish terms under which an individual receives a student loan repayment benefit under the Student Loan Repayment Program. The information will be used as a basis for payroll actions. This information may be disclosed to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, the Department of Labor for worker compensation claims and the Department of Justice for other lawful purposes including law enforcement and in the event of litigation. In addition, this information may be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress. The request for this information is voluntary, however, if information is not provided it could preclude the processing of the student loan repayment benefits request. *Statement is pursuant to the Privacy Act of 1974 (P.L. 93-597)*

Name	Social Security Number	Date *(MM/DD/YY)*
Title	Series/Grade/Step	Type of Appointment & NTE Date

Total Amount of Student Loan Repayment Benefit Received to Date *(Include the Requested Amount from this Request Form)* $	Student Loan Repayment Benefit Amount Requested $
Student Loan Repayment Benefit for Year Number: (Circle One) *NOTE: Service Agreement must be attached to this Request form.* ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 Other _____	Current Balance of Outstanding Loan: *NOTE: Official Documentation (such as promissory notes and account statements) from loan holder documenting loan balance and type of loan must be attached to this Request form. Loan repayments will not exceed this amount for the service period, including extensions to the service period, if any.* $

*Compensation:

Base/Locality Pay...$ _____

Other Continuing Pay (e.g., PSP, retention allowance)....$ _____

**Physician's Comparability Allowance (if applicable).......$ _____

Other Payments, e.g., lump sum payments.....................$ _____

TOTAL COMPENSATION ....$ _____

Student Loan Repayment Benefit Amount.......................$ _____

* Total Title 5 compensation cannot exceed Executive Level I salary per calendar year. This aggregate limitation on pay applies to direct payments made to the employee. Student loan repayments are paid directly to the loan holder on behalf of the employee, therefore, the student loan repayment benefit is not part of the employee's total compensation.

** Physician's Comparability Allowance must be reduced by the amount equal to the loan repayment assistance (5 CFR 595.105).

Recommending Official	Title	Date
Certification of Funds *(Admin. Officer/Office)*	Title	Date
Approving Official *(IC Director or Designee)*	Title	Date
Human Resources Official *(CSD Branch Chief)*	Title	Date
NIH OER, Division of Loan Repayment	Title	Date

NIH 2851-1 Rev. (09/13)